

**UNITED STATES DISTRICT COURT**  
 for the  
**Southern District of Mississippi**

WILLIE E. CURRY	)	
	)	
	)	
	)	
<hr/>		
Plaintiff(s)	)	
v.	)	Civil Action No. 3:25-cv-127-KHJ-MTP
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MADISON COUNTY, MISSISSIPPI & THE HONORABLE JOHN K. BRAMLETT, JR., in his Official and Personal Capacity as District Attorney for Madison County	)	
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Defendant(s)	)	

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* DEFENDANT MADISON COUNTY, MS  
 C/O HON. RONNIE LOTT  
 MADISON COUNTY CHANCERY COURT CLERK  
 146 WEST CENTER STREET  
 CANTON, MS 39046

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

VAN D. TURNER, JR.  
 TURNER FEILD, PLLC  
 2650 THOUSAND OAKS BLVD., #2325  
 MEMPHIS, TN 38118  
 EMAIL: VTURNER@TURNERFEILDLAW.COM  
 PHONE: 901-290-6610

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



**ARTHUR JOHNSTON**  
*CLERK OF COURT*

*Signature of Clerk or Deputy Clerk*

Date: 2/20/2025

Civil Action No.

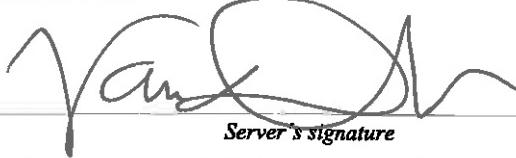
**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
 was received by me on (date) \_\_\_\_\_

- I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_ ; or
- I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 , a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_ , and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) Hon. Romie Lott , who is  
 designated by law to accept service of process on behalf of (name of organization) Madison  
County on (date) 5/19/25 ; or
- I returned the summons unexecuted because \_\_\_\_\_ ; or
- Other (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 5/23/25


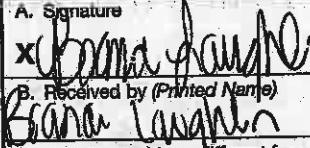
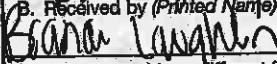
Server's signature

Van Turner / Plaintiff's  
Printed name and title

Attorney

2650 Thousand Oaks Blvd.  
Suite 2325, Memphis, TN 38118  
Server's address

Additional information regarding attempted service, etc:

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<b>A. Signature</b>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <b>B. Received by (Printed Name)</b>  <b>C. Date of Delivery</b> <i>5/15/25</i>	
<b>1. Article Addressed to:</b> Department Madison County, MS c/o Hon. Ronnie Lott Madison County Chancery Court Clerk 146 West Center Street Canton, MS 39046		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>2. Article Number (Transfer from service label)</b> <b>9589 0710 5270 1419 1102 19</b>		<b>3. Service Type</b> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7590-02-000-9053      Domestic Return Recipient			

<b>U.S. Postal Service®</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
Domestic Mail Only	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
<b>Certified Mail Fee</b> <b>\$</b> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (Handcopy) <b>\$</b> _____ <input type="checkbox"/> Return Receipt (electronic) <b>\$</b> _____ <input type="checkbox"/> Certified Mail Restricted Delivery <b>\$</b> _____ <input type="checkbox"/> Adult Signature Required <b>\$</b> _____ <input type="checkbox"/> Adult Signature Restricted Delivery <b>\$</b> _____ <b>Postage</b> <b>\$ 10.48</b> <b>Total Postage and Fees</b> <b>\$</b>	
<b>9589 0710 5270 1419 1102 19</b> <b>Summar</b> <b>Postmark Here</b> <b>9590 9402 736</b> <b>2028 6818 71</b>	
<b>Sent To</b> <b>Def. Madison County, MS c/o Hon. Ronnie Lott</b> <b>Street and Apt. No., or PO Box No.</b> <b>146 West Center St.</b> <b>City, State, ZIP+4</b> <b>Canton, MS 39046</b>	
<small>PS Form 3810, January 2020 PSN 7590-02-000-9053      See Reverse for Instructions</small>	